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**** CONTINUING DATA *******
 This application is a CIP of 10/674,330 09/29/2003 and is a CIP of 10/675,818 09/29/2003
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**** FOREIGN APPLICATIONS *******
 none - 06/21/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY****
 ** 04/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: 06/21/06 Initials:	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
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ADDRESS
23552

TITLE
Movement disorder stimulation with neural block

FILING FEE RECEIVED 572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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